Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER SMALL			
FOR			NUMBER FILED			NUMBER EXTRA		Г	RATE	FEE	1	RATE	FEE	
BASIC FEE			7.45 (Va)	Transmission					er d	345.00	OR	36,83,344	690.00	
TOTAL CLAIMS					*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS						I	X39=	· .	OR	X78=				
MULTIPLE DEPENDENT CLAIM PRESENT														
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=		OR		1 10	
									TOTAL		OR	TOTAL	40,10	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY O			OTHER THAN SMALL ENTITY		
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	* .	7	Minus	**	20	= 6		X\$ 9=		OR-	X\$18=		
4ME	Independent	*	3	Minus	***	<u> </u>	= <i>B</i>	ľ	X39=	·	OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	. 120_		1	+260=			
								L	+130=		OR	TOTAL		
									DDIT. FEE		OR	ADDIT. FEE	<u>;</u> .	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						г	•	ADDI					
AMENDMENT B		AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 8		Minus	**	20	=		X\$ 9=		OR	X\$18=		
	Independent	· y		Minus	***	म	= [上	X39=		OR	x78=	84	
_	FIRST PRESE	NTATIC	ON OF M	ULTIPLE DEF	PENC	DENT CLAIM		┢			On	· · · · · ·	69	
	11							L	+130=		OR	+260=		
	201							ΑI	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	KUB		umn 1)			Column 2)	(Column 3)							
AMENDMENT C		REM AF	AIMS AINING TER IDMEN!T		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total [.]	. 9		Minus	**	20	= .,		X\$ 9=		OR	X\$18=		
ME	Independent	• 3		Minus	***	.3	=	H	X39=)		X78=	1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									 					
.,	$D \frac{7}{3}$	nn 1 ie l	ess than th)/ <u>a</u>	/	lumn 3		+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE											,			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

2014 2014	DATEALT	A DDI IOAT		4	0 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Application	n or D	ocket Nur	nber
	PAIENI			ETERMINAT ber 29, 1999		RD**	1-09		55 8	347
海		CLAIMS A	S FILED Column 1)	1125 1027	umn 2) 🔹	SMA TYF	LL ENTITY	OR		R THAN ENTITY
F	OR	NUMB	ER FILED	NUMBER	EXTRA	RAT	E FEE	7	RATE	FEE
ΒŻ	SIC FEE		· · · · · · · · · · · · · · · · · · ·				345.00	OR		690.00
TO	TAL CLAIMS		minus	20= +		X\$ 9) <u> </u>			
INI	DEPENDENT CI	ÄIMS	minus	3 = *		X39	14 0-22 10-22	OR	V70	
M	JLTIPLE DEPEN	***		OR						
*.	the difference	in column 1 is	less than z	ero, enter "0" in	column 2	+130		OR		
		LAIMS AS A				TOT	AL L	OR	TOTAL	:
E		SMA	LL ENTITY	OR	OTHER					
X		(Column 1) CLAIMS REMAINING		(Column 2) HIGHEST NUMBER	(Column 3)	:	ADDI			ADDI-
Ł		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RAT	E TIONAI FEE	.	RATE	TIONAL
MENDMENT	Total	·/ 8	Minus	** 20	= /	X\$ 9	1	-	X\$18=	FEE 1
MEN	Independent	• 3	Minus	*** 4	= /	X39		OR		/
۷	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM	15 / 20 00	×39		OR	X78=	-/-
)		V		*		+130	= /	OR	+260=	
				•		TO ADDIT. F		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)			· ·		<i>:</i>
MENT B		REMAINING		HIGHEST NUMBER	PRESENT	DAT	ADDI-		Sugar	ADDI-
		AFTER AMENDMENT	1000	PREVIOUSLY PAID FOR	EXTRA	RATI	E TIONAL FEE		RATE	TIONAL FEE
NON	₹Tetal	• 5	Minus	**	=	X\$ 9	=	OR	X\$18=	
AMEND	Independent	•	Minus	***	=	X39=	_		X78=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	OR	770 <u>-</u>	
						+130	= .	OR	+260=	
			÷ .			TOT ADDIT. F		OR	TOTAL ADDIT. FEE	
		(Column 1)	<u>'</u>	(Column 2)	(Column 3)			٠		
AMENDMENT C		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		ADDI-	7 1	1:1	ADDI-
	,	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
MON	Total		Minus	••	=	X\$.9=			X\$18=	_
ME	Independent	* :	Minus	***	= :		-	OR		<u> </u>
⋖	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT CLAIM		X39=		OR	X78=	. ,
*						+130=		OR	+260=	
**	If the "Highest Nur	nb r Previously Pa	aid For IN THI	ımn 2, write "0" in co S SPACE is less tha	n 20. enter "20."	TOT		OR	TOTAL ADDIT. FEE	
	r the "Highest Nui The "Highest Num	mb r Previously Pa ber Previously Pai	aid For" IN THI d For" (Total o	S SPACE is less that r Independent) is the	ın 3, enter "3." highest number					,